

PATENT

Attorney's Docket No. D-429

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

/X/ original

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Combustible Outgassing Material Lined Altitude Compensating Rocket Nozzle

SPECIFICATION IDENTIFICATION

The specification of which is attached hereto.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations section 1.56(a).

/ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

(Declaration & Power of Attorney --page 1 of 2)

0942238-082901

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Derrick Michael Reid, Reg. No. 32,096

SEND CORRESPONDENCE TO:

Derrick M. Reid
Patent Attorney
The Aerospace Corporation
P. O. Box 92957 (M1/040)
Los Angeles, CA 90009-2957

DIRECT TELEPHONE CALLS TO:

Derrick M. Reid
(310) 336-6708

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor: Gary F. Hawkins

Inventor's signature: *Gary F. Hawkins*

Date: 8/23/01

Country of Citizenship: U.S.A.

Residence: 4919 Onyx, Torrance, California 90503

Post Office Address: 4919 Onyx, Torrance, California 90503

Full name of second joint inventor, if any, John W. Murdock

Inventor's signature: *John W. Murdock*

Date: 8/22/01

Country of Citizenship: U.S.A.

Residence: 4244 Via Pinzon, Palos Verdes Estates, California 90274

Post Office Address: 4244 Via Pinzon, Palos Verdes Estates, California 90274

Full name of third joint inventor, if any: _____

Inventor's signature: _____

Date: _____

Country of Citizenship: _____

Residence: _____

Post Office Address: _____

Full name of fourth joint inventor, if any: _____

Inventor's signature: _____

Date: _____

Country of Citizenship: _____

Residence: _____

Post Office Address: _____

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106280-8224650

POWER OF ATTORNEY

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Inventor's signature: Gary F. Hawkins

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Inventor's signature: John W. Murdock

Date: 8/22/01

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Residence: 4244 Via Pinzon, Palos Verdes Estates, California 90274

Post Office Address: 4244 Via Pinzon, Palos Verdes Estates, California 90274

Full name of third joint inventor, if any: _____

Inventor's signature: _____

Date: _____

Country of Citizenship: _____

Residence: _____

Post Office Address: _____

Full name of fourth joint inventor, if any: _____

Inventor's signature: _____

Date: _____

Country of Citizenship: _____

Residence: _____

Post Office Address: _____

106280" 8224660

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106230" 822460

POWER OF ATTORNEY

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Inventor's signature: _____

Date: _____ Country of Citizenship: _____

Residence: _____

Post Office Address: _____

Full name of fourth joint inventor, if any: _____

Inventor's signature: _____

Date: _____ Country of Citizenship: _____

Residence: _____

Post Office Address: _____

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